

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE JNG FORM

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☒ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
from JULY 1, 1995
through DEC. 31, 1995

Date Stamp
RECEIVED
JUN 17 PM 1:13

CALIFORNIA
1994 FORM **490**
Page 1 of 17
For Official Use Only

Date of election if applicable:
(Month, Day, Year)

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

511 CHARLESTON WAY

CITY

LODI

STATE

CA.

ZIP CODE

95242

AREA CODE/DAYTIME PHONE

209-368-6708

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

COMMITTEE ADDRESS (NO. AND STREET)

1806 W. KETTERMAN LN. DIETHELM

CITY

LODI

STATE

CA.

ZIP CODE

95242

AREA CODE/DAYTIME PHONE

209-333-7318

NAME OF TREASURER

PETER V. HETNER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

611 AETHERTON DRIVE

CITY

LODI

STATE

CA.

ZIP CODE

95242

AREA CODE/DAYTIME PHONE

209-368-5352

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-15-96 At LODI CA

By Peter V. Hetner SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-15-96 At LODI CA

By Keith Land SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California State Political Practices Commission

Allocation Page — Part I
Contributions and Independent Expenditures
Made From Campaign Funds

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

ALLOCATION - PART I

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LANO - COMMITTEE TO ELECT KEITH LANO

Statement covers period
 from *JULY 31, 1995*
 through *DEC 31, 1995*

CALIFORNIA
 1994 FORM **490**

Page *2* of *17*

I.D. NUMBER

942177

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

*See reverse regarding independent expenditures.

SUBTOTAL \$

ALLOCATION — PART I SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.
 (Include all Allocation Page — Part I subtotals.) \$ *0*
- Contributions and independent expenditures under \$100 made this period from campaign funds.
 (Do not itemize.) \$ *0*
- Total contributions and independent expenditures made this period from campaign funds.
 (Do not carry this total to the Summary Page.) TOTAL \$ *0*

Allocation Page — Part II
Contributions and Independent Expenditures
Made From Personal Funds

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

ALLOCATION - PART II

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA 1994 FORM 490 Page <u>3</u> of <u>17</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

*See reverse regarding independent expenditures.

SUBTOTAL \$

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds.
 (Include all Allocation Page — Part II subtotals.) \$ 0
- Contributions and independent expenditures under \$100 made this period from personal funds.
 (Do not itemize.) \$ 0
- Total contributions and independent expenditures made this period from personal funds.
 (Do not carry this total to the Summary Page.) TOTAL \$ 0

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA 1994 FORM 490 Page <u>4</u> of <u>17</u> I.D. NUMBER <u>942177</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0</u>	\$	\$
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0</u>	\$	\$
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>		
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>0</u>	\$	\$
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>		
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>0</u>	\$	\$

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>0</u>	\$	\$
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>		
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>0</u>	\$	\$
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>0</u>		
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>0</u>	\$	\$

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>99</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>0</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>0</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>99</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

1/1 through 6/30 7/1 to Date

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>0</u>

21. Contributions Received	\$	
22. Expenditures Made	\$	

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>		CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>		I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 0

Schedule B — Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part I

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA 1994 FORM 490
	Page <u>6</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>	I.D. NUMBER <u>942177</u>
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DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		_____ %		\$ _____		\$ _____
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		_____ %		\$ _____		\$ _____
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		_____ %		\$ _____		\$ _____

*See important instructions on reverse.

SUBTOTAL \$ (a)	\$ (b)	Enter (b) on Summary Page, Line 18 only.
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Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 0
- Loans under \$100 received this period. (Do not itemize.) \$ 0
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 0

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ (0)
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 0

Enter the net here and on the Summary Page, Column A, Line 2.

May be a negative number

Schedule B — Part II
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - Part II

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>		CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

TOTAL INTEREST
PAID THIS PERIOD \$

***IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B — Part III

Annual Report of Outstanding Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part III

Statement covers period

from JULY 31, 1995

through DEC 31, 1995

CALIFORNIA 490
1994 FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER	
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942177

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labeled continuation sheets.		TOTAL	\$ 0	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

Schedule C Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA DP-4 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 0

Schedule D

Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>		CALIFORNIA 1994 FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>		I.D. NUMBER <u>942177</u>

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets. SUBTOTALS \$ (a) (b)

Enforceable Promises Received Summary

- Promises received of \$100 or more this period (Column (a)). \$ 0
- Promises received under \$100 this period.
(Do not itemize.) \$ 0
- Total promises received this period.
(Add Lines 1 and 2.) TOTAL \$ 0
- Payments received on promises of \$100 or more this period.
(Column (b)). \$ 0
- Payments received on promises under \$100 this period.
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ 0
- Total payments received.
(Add Lines 4 and 5.) TOTAL \$ 0
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) NET \$ 0
May be a negative number.

Schedule C
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA 1994 FORM 490 Page <u>11</u> of <u>17</u> I.D. NUMBER <u>942177</u>
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

- | | |
|---|-------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>0</u> |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ <u>0</u> |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ <u>0</u> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ <u>0</u> |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ <u>0</u> |

**Schedule
Accrued Expenses (Unpaid Bills)**

Write or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 31 1995</u> through <u>DEC 31 1995</u>		CALIFORNIA STATE FORM 490
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>KEITH LAND - COMMITTEE TO ELECT KEITH LAND</u>		I.D. NUMBER <u>942177</u>

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENT ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Accrued Expenses Summary

- | | | |
|---|-------------------|------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) | \$ | <u>0</u> |
| 2. Accrued expenses this period of under \$100. (Do not itemize.) | \$ | <u>0</u> |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) | INCURRED TOTAL \$ | <u>0</u> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) | PAID TOTAL \$ | <u>(0)</u> |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ | <u>0</u> |

May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

Fill in or print in ink.
 Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>JULY 31, 1995</u>	CALIFORNIA 1994 FORM 490
through <u>DEC 31, 1995</u>	Page <u>13</u> of <u>17</u>
I.D. NUMBER <u>942177</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NONE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

\$

0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule H — Part I Loans Made to Others

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - Part I

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC. 31, 1995</u>	CALIFORNIA 1994 FORM 490 Page <u>19</u> of <u>17</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$

Loans Made to Others — Part I Summary

- Loans of \$100 or more made this period.
(Include all Loans Made — Part I subtotals.) \$ 0
- Loans under \$100 made this period.
(Do not itemize.) \$ 0
- Total loans made this period.
(Add Lines 1 and 2.) TOTAL \$ 0

Loans Repayments Received — Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more
which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ 0
- Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$ 0
- Total loan payments received this period.
(Add Lines 4 and 5.) TOTAL \$ (0)
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 0

Enter the net here and on the Summary Page, Column A, Line 9.)

May be a negative number.

SEE INSTRUCTIONS ON REVERSE

SCHEDULE H - Part II

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA 1994 FORM 490 Page <u>15</u> of <u>17</u> I.D. NUMBER <u>942177</u>
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND - COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER	
-------------	--

942177

[illegible]

SUBTOTAL \$

TOTAL INTEREST RECEIVED THIS PERIOD	
--	--

***IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.

Schedule H — Part III

Amounts may be rounded to whole dollars.

SCHEDULE H - Part III

Statement covers period
from JULY 31, 1995
through DEC. 31, 1995

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
I.D. NUMBER																																																																																																			

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Keith Land - Committee To Elect Keith Land

942177

[illegible]

Attach additional information on appropriately labeled continuation sheets.

TOTAL

15

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 9.

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>JULY 31, 1995</u> through <u>DEC 31, 1995</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Keith Land - COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Miscellaneous Increases to Cash Summary

- | | |
|---|-------------------|
| 1. Increases to cash of \$100 or more this period. | \$ <u>0</u> |
| 2. Increases to cash under \$100 this period. (Do not itemize.) | \$ <u>0</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) | \$ <u>0</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 15.) | TOTAL \$ <u>0</u> |